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State of Wisconsin

Office of the Commissioner of Insurance P.O. Box 7873

Madison, WI 53707-7873

Final Annual Report Wisconsin Healthcare Stability Plan

Ref: s. 601.83, Wis. Stat. Reporting Reflects 2019 Benefit Year, including 2019 claims paid through April 30, 2020

Company Name

Insurer A

Date

10/12/2018

*WIHSP eligible claim is a paid claim meeting criteria under s. Ins 19.07, Wis. Adm. Code

Total amount of all 2019 claims paid through April 30, 2020 (includes claims within as well as outside the payment parameters)

Total year-to-date WIHSP-eligible claims paid on behalf of eligible enrolled individuals (Column C)

Total number of eligible enrolled individuals with WIHSP-eligible paid claims. (Column B)

Total request for payment under WIHSP for 2019 benefit year (Column I)

No WIHSP-eligible claims paid this benefit year

\$5,886,999.00 \$741,000.00

111111110	99999999	88888888	7777777	66666666	5555555	44444444	33333333	2222222	1111111	Individual	Eligible Enrolled	Number for	Unique Identifier		
600,000.00	430,000.00	55,000.00	135,000.00	98,000.00	125,000.00	750,000.00	74,000.00	525,000.00	95,000.00	Individual	Enrolled	Behalf of Eligible	Claims Paid on	WIHSP-Eligible	Year-to-Date
50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	Point	Attachment				
550,000.00	380,000.00	5,000.00	85,000.00	48,000.00	75,000.00	700,000.00	24,000.00	475,000.00	45,000.00	Point	Attachment	Claims Minus	Amount of		
200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	Point (50,000)	Attachment	(250,000) Minus	Reinsurance Cap		
50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Coinsurance	50%				
200,000.00	200,000.00	5,000.00	85,000.00	48,000.00	75,000.00	200,000.00	24,000.00	200,000.00	45,000.00	Column F	Column E or	Lesser of			
\$100,000.00	\$100,000.00	\$2,500.00	\$42,500.00	\$24,000.00	\$37,500.00	\$100,000.00	\$12,000.00	\$100,000.00	\$22,500.00	(Column H)	Amount	Times Lesser	Coinsurance Rate		